

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/915435

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51									
2							52									
3							53									
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44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL	5	1	1	1			TOTAL									
TOTAL	5	1	1	1			TOTAL									
TOTAL	5	1	1	1			TOTAL									
TOTAL	5	1	1	1			TOTAL									

BEST AVAILABLE COPY